Approved for use through 7/31/2008, OMB 0651-032
U.S. Patient end Trademark Office; U.S. DEPARTMENT OF COMMENCE.

PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number.											
Substitute for Form PTO-875							1420040		Application or Docket Number		
CLAIMS AS EILED - DADT I											
L			(Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	MUNC	NUMBER FILED		NUMBER EXTRA				l [']		
	SIC FEE CFR 1.16(a))						RATE	FEE		RATE	FEE
To	TAL CLAIMS	31				┨		:370	OR		
	CFR 1.18(0)) EPENDENT CLA		minus 2	10 = •	<u></u>	1	× = 9 -	99	OR	× 6	
(37 CFR 1.16(b))			minus 3 • •			J	× 4		OR	X 8	
MILITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+2		OR		
"If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	469,0			
							1012	1 0 .74	OR	TOTAL	L
CLAIMS AS AMENDED - PART II											
L	1/19/06	(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHE	RTHAN
⋖	011.	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		SMALL	ENTITY
	1/12/06	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total (27 OFR 1.16(cj)	. 30	Minus	31	'ø	1	× = 25 -	\ <u>'</u>			FEE
	Independent (07 OFR 1.16(0))	1	Minus	3	8	1	x : 100 =	1	OR	X 8	
₹	FIRST PRESEN	TATION OF MULTIPL	E DEPEND	ENT CLASS (SZ CI	FR 1 1660)	i I	+. 180	\	OR	X & a	
						1	TOTAL	-	OR	+3	
12.28.06 (Column 1) (Column 2) (Column 2)							ADD'L FEE	L	OR	TOTAL ADD'L FEE	
_	100.00	(Column 1)		(Column 2) HIGHEST	(Column 3)						
T B	ŀ	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	П	RATE	ADDI-		RATE	- ADDI-
亞	Total	AMENDMENT		PAID FOR	EXIRA	П		TIONAL		''''	TRONAL
AWENDWENT	(DF CIFR 1.16(pt))	29	Minus	31.	• —	1	X 8=		OR ·	X \$_ =	FEE
Á	Independent (37 CFR 1.16(b))	1	Minus	3	•		X \$ -				
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))						+1 :		OR	× • =	
						! [TOTAL		OR	+s =	
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-		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		···				
T C		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	ı	RATE	ADDI-		RATE	ADDI-
DMENT	Total	AMENDMENT	Adhir	PAID FOR			<u>.</u>	TIONAL FEE			TIONAL FEE
=	(37 QFR 1.16(c))		Minus				x \$=		OR	y	
AMEN	(37 CFR 1.18(b))		Minus	***	•		X.8=			X 8	
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+5 0		OR	X \$=	
									OR	TOTAL	
	• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								OR	ADD'L FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number Previously Paid For" (Total or Independent) is the highest number Previously Paid For" (Total or Independent) is the highest number Previously Paid For" (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For" (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (Total or Independent) is the highest number Previously Paid For (To											
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This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.